



**WASHINGTON STATE NURSING CARE QUALITY ASSURANCE COMMISSION  
PRACTICE SUBCOMMITTEE MEETING MINUTES**

**February 25, 2004 meeting 12:00PM to 1:30PM**

**Department of Health Point Plaza East, 310 SE Israel Rd. Tumwater, WA 98501**

**If you have any questions, you may call Markay Newton at (360) 236-4724**

Practice Subcommittee Minutes

Lead: Roberta Schott, Chair

Staff: BJ Noll, Acting Practice Manager

Present: Shannon Fitzgerald, RN, MSN, ARNP, Jeanne Vincent, RN, MS, CPHQ, Karen Brewer, Public Member, Laura Williams, AAG, Markay Newton, staff

Approval of January 19, 2004 Practice Subcommittee Minutes / **Approved as written**

1. Old business

A. Draft Botox Position Statement / Roberta and Jeanne

1. We received comment back from the Medical Commission that they would like to seek guidance from the Washington State Dermatology Association and Plastic Surgeon Society. The Medical Commission will discuss the Botox position statement at their February 26<sup>th</sup> and 27<sup>th</sup> meeting and provide comments back.
2. Request from Cindy Rutherford, LPN, regarding Botox and collagen. /

**Draft response will be held until we hear back from the Medical Commission.**

B. E-mail from Louise Kaplan asking for clarification of the differences in the Nursing Commission and the American Nurses Credentialing Center regarding the age groups for who certified nurse practitioners may provide care. / **Shannon and Louise are drafting a statement addressing this issue.**

C. Clarification about passing the magnet over the Vagal Nerve Stimulator to activate. BJ **Because of the evolving trends in practice and the need to clarify issues involving the use of the vagal nerve stimulator across a variety of settings, the committee voted to propose to the Commission, as a motion from the committee:**

1. **Rescind the 1999 Vagal Nerve Stimulator opinion from Karen Heiberg, RN at Riverview School District, because the situations in which vagal nerve stimulators are used they actually require a wider variety of supervision, not limited to direct supervision.**
2. **Committee will recommend to the Commission not to formally respond to the Irene Owens from the Department of Social and Health Services advisory opinion request.**

**Instead, the committee seeks Commission direction to develop a task force of stakeholders from a variety of agencies and settings to establish a clinical practice guideline/position statement regarding the use of these devices.**

2. New business:

- a. Advisory Opinion request from: Bonnie Blachly MNC, BSN, RN, CDONA/LTC, LNC, NHA

Can all nursing homes in Washington State who desire to have a licensed/registered nurse chart routine medications using one signature to indicate all routine medications were given at one time (modified charting by exception for routine medications)?

This question was asked of the nursing commission by one nursing home in 1997 (see attached copy of response). Now several nursing homes in the state have expressed an interest in using the same program. Bonnie Blachly set up this program for the Ida Culver House Broadview. The system has been in use and remains in use in that facility today. There have not been any negative resident outcomes or medication errors related to the medication distribution system while Bonnie was working there (1991-2002). Bonnie believes that this is still true since she left the facility. An article about the program was published in the Journal of Gerontological Nursing in June, 1998. / **Committee will recommend to the Commission not to go forward with a formal response to the Bonnie Blachly advisory opinion request. Jeanne will contact Joyce Stockwell from DSHS and talk about facility policies vs. what is in the nurse practice act with regard to documentation.**

b. Advisory Opinion request from: Donald T Cox, CRNA ARNP, and Chief Nurse Anesthetist at Lake Chelan Community Hospital.  
Administration has asked me to provide anesthesia in the ER for patients being cared for by PA's doing closed reductions of fractures and dislocations, laceration repairs etc. Formerly, this was managed by the ER RNs administering IV sedation but requiring doses they were uncomfortable giving. Two questions and your opinion: #1 Is it within the scope of a CRNAs practice to accept an order from a PA for anesthesia and initiate the anesthetic in the absence of a physician? #2 Is it within the scope of practice for a PA to order an anesthetic to be initiated, maintained, and completed by a CRNA with no physician present while the PA performs the procedure? I have reservations regarding both the delegation of authority and patient safety in these circumstances. / **Because the issue regarding who can give orders to a CRNA appears in the RCW (statute) a formal response is not indicated. BJ will contact Mr. Cox and ask that he contact the Washington State Association of Nurse Anesthetists for suggestions about how to approach the situation in his institution.**

c. Request for comment on developing an interpretive statement from Traci Black regarding "Distance Supervision for Licensed Social Workers. / Markay **will Send an e-mail stating no comment.**

d. Request from Kelly Brown, RN, CCRN, CNRN. CSPI regarding Cerebral SPECT imaging and can an RN perform this job in the state of Washington? / **BJ will respond and send Procedural Sedation Policy**

3. Next meeting date March 17, 2004 12:00PM – 1:30PM